

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$781.06 for dates of service 04/18/01 and 05/18/01.
- b. The request was received on 02/25/01.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Request for Dispute Resolution on the Table of Disputed Services
 - b. HCFA(s)
 - c. TWCC 62 forms/Medical Audit summary dated 07/22/01
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
No response
3. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 05/03/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Table of Disputed Services:
"We feel that we are due further Reimbursement [sic] for the durable medical equipment we provided this patient with. We have resubmitted All [sic] claims with Supporting [sic] documentation and the treating doctor's signed prescription which substantiates [sic] the purchaSe [sic] of this thiS [sic] equipment at the full billed amount. This equipment IS [sic] medically necessary for Progress [sic] Rehilitation [sic] of this Patient's [sic] Injury [sic] We are Requesting [sic] the Remaining [sic] Blance [sic] to be Reimbursed [sic] In [sic] full w/IntEREST [sic].

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 04/18/01 and 05/18/01
2. The carrier's EOB has the denials "M – THE REIMBURSEMENT FOR THE SERVICE RENDERED HAS BEEN DETERMINED TO BE FAIR AND REASONABLE BASED ON BILLING AND IS IN ACCORDANCE WITH LABOR CODE 413.011(B)."; "G – REIMBURSEMENT FOR THIS PROCEDURE IS INCLUDED IN THE BASIC ALLOWANCE OF ANOTHER PROCEDURE." The carrier did not submit a response to the request for medical dispute. The Medical Review Division's decision is rendered is rendered based on denial codes submitted to the provider prior to the date of the dispute being filed.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
04/18/01	E0731	\$495.00	\$298.19	M	DOP	Texas Workers' Compensation Act & Rules, Sec. 413.011 (d); MFG, GI (III)	Because there are no current fee guideline for the DME provided, the Medical Review Division has to determine based on the parties' submission of information, what represents fair and reasonable reimbursement. The MFG, GI (III) states, "(DOP) in the ... (MAR) column indicates that the value of this service shall be determined by written documentation attached to or included in the bill." This places the burden on the provider to show what is fair and reasonable reimbursement. The provider submitted EOB(s) to document fair and reasonable reimbursement. However, in view of recent analysis of SOAH decisions EOB(s) have been given minimal weight for documenting fair and reasonable reimbursement. The willingness of some carriers to reimburse at or near the billed amount does not necessarily document that the billed amount is fair and reasonable and does not show how effective medical cost control is achieved, a criteria identified in Sec. 413.011 (d). Therefore, no additional reimbursement is recommended.
04/18/01	64550	\$125.00	\$24.75	G	\$101.00	MFG; Rule 133.1 (a) (3) (c); CPT descriptor	MFG state, "The accurate coding of services rendered is essential for proper reimbursement.... Reimbursement for services is dependent on the accuracy of the coding and documentation." Per Rule 133.1 (a) (3) (c), a complete medical bill includes "correct billing codes from Commission fee guidelines..." According to the HCFA, the provider billed CPT code "64550 TN" for "TRAINING/FITTING FEE PGS". The carrier's TWCC 62 indicates "TN APPLY NEUROSTIMULATOR" for CPT code 64550. Medical audit dated 07/22/01 states, "Per your request, a retrospective review of the original audit for the dates listed above has been completed.... The FUND will continue to deny 64550 TN due to the fact that this is the incorrect code billed for tens instruction and should be rebilled with the correct code 97139-TN." The provider did resubmit a HCFA with CPT code 97139-TN and was reimbursed \$24.75 per the TWCC 62 dated 11/17/01. The provider failed to submit the corrected HCFA with CPT code 97139-TN on the Table of Disputed Services.

							Therefore, the global denial code is moot. The provider failed to properly code the billed service. No reimbursement is recommended.
05/18/01	E0745	\$475.00	\$0.00	No EOB	DOP	Rule 133.1 (a) (E) (6)	Per Rule 133.1 (a) (E) (6), a complete medical bill includes "Explanation of benefits—The information an insurance carrier sends to the required parties when it makes payment or denies payment on a medical bill, and that includes, when it has reduced or denied payment on the bill, an explanation of all the reason(s) for the reduction and/or denial." The provider failed to submit an EOB for date of 05/18/01. No reimbursement is recommended.
Totals		\$1,095.00	\$313.94				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 17th day of July 2002.

Donna M. Myers, B.S.
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.